

STATEMENT FOR INSTRUCTIONS, SEE BACK OF FORM **FORM** OF DR-1 CHECK ONE: ☐ This is an initial* Statement of Organization JUN 16 AH 8: 38 Reset Form **ORGANIZATION** (Rev. 04/2008) This is an amended* Statement of Organization For Office Use Only *An initial Statement of Organization must be filed within 10 days of the committee's accepting contributions, Comm. # making expenditures, or incurring indebtedness exceeding \$750. Amendments must be filed within 30 days of Indexed a change. Penalties may be imposed for late-filed Statements of Organization. A candidate with an open Audited committee that exceeds \$750 in activity for another office shall file within 10 days either a new or amended Computer DR-1 disclosing information concerning the campaign for the new office sought. COMMITTEE NAME ↓ ↓ (A candidate's committee must include the candidate's last name in the name of the committee.) IMPORTANT: Indicate type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) Statewide PAC (3) State Party (4) County Central Committee County Candidate (6)City Candidate (7)School Board or Other Political Subdivision Candidate (8)County PAC (9)City PAC 10)School Board or Other Political Subdivision PAC (11) Local Ballot Issue (including committee involved in multiple city/county ballot issues) COMMITTEE CHAIR (mandatory except for a candidate's committee) COMMITTEE TREASURER (mandatory for all committees) Name ↓ ↓ Name NOK Mailing Address ↓ ↓ Mailing Address 4 4 1 Zip Code ↓ ↓ City, State ↓ ↓ Zip Code ↓ 273 Phone (e-Mai INDICATE PURPOSE OF COMMITTEE - Check One Box 🔀 Advocate for/against candidate(s) 🗌 Advocate for ballot issue(s) Advocate against ballot issue(s) Comment or description: All Candidates Enter: County/Local Candidates and Local Ballot Committees Enter: Office Sought: _ 'mad County: (If active in multiple ballot issue elections, attach list of counties Political Party (if applicable) District: Date of Election: 4 4 2000 Year Standing for Election: Candidate name & Address or Parent Entity (PACs, if applicable), Bank Account Name (must match committee name) Affiliate, or Sponsor DEN VISOR Mailing Address Name of Financial Institution/type of Account State BANK State Mailing Address 50229 PROLE Phone (5/5) 462 -*Iou*s 50002 STATEMENT OF AFFIRMATION: By filing this document the committee affirms the following: 1. The committee and all persons connected with the committee understand that they are subject to the laws in lowa Code chapters 68A and 68B and the administrative rules in Chapter 351 of the Iowa Administrative Code. 2. That lows Code section 68A.402 and rule 351-4.9 require the filing of disclosure reports and that the failure to file these reports on or before the required due dates subjects the candidate or chairperson (in the case of committees other than a candidate's committee) to the automatic assessment of a civil penalty and the possible imposition of other criminal and civil sanctions. 3. That lowa Code section 68A.405 and rules 351-4.38 through 4.43 require the placement of the words "paid for by" and the name of the committee on all political A materials except for those items exempted by statute or rule. A committee that wishes to register a committee name for purposes of using the shorter "paid for by" and does not intend to cross the \$750 filing threshold shall file the Form DR-SFA form in lieu of filing this form. 🗚 That lowa Code section 68A.503 and rules 351—4.44 through 4.52 prohibit the receipt of corporate contributions by all committees except for statewide and local ballot issue PACs. 5, A candidate and a candidate's committee may only expend campaign funds as permitted by lowa code sections 68A.301 through 68A.303 and rule 351—4.25. 6. That the committee will continue to file disclosure reports until all activity has ceased, committee funds spent, debts resolved, and a final report and a statement of dissolution (DR-3) has been filed.

Signature of Candidate, OR, for all other committees, Chairperson